

STANDARD CERTIFICATE OF DEATH

State File No.

8281

FILED SEP 25 1952

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis MO		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1421 Hogan		d. STREET ADDRESS (If rural, give location) 1421 Hogan 0	
3. NAME OF DECEASED (Type or Print) Mag		4. DATE OF DEATH (Month) (Day) (Year) 8 6 52	
5. SEX Male		6. COLOR OF RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1897	
9. AGE (In years last birthday) 55		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wk		10b. KIND OF BUSINESS OR INDUSTRY Wk	
11. BIRTHPLACE (City and State or Foreign Country) Wk		12. CITIZEN OF WHAT COUNTRY? 9	
13a. FATHER'S NAME Wk		13b. MOTHER'S MAIDEN NAME Wk	
13c. NAME OF HUSBAND OR WIFE Wk			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, state branch or type of service) Wk		16. SOCIAL SECURITY NO. Wk	
17. INDECUMANT'S SIGNATURE OR NAME V. C. Vayton		ADDRESS 1300 Clark	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Skull		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Brain Injury Suffered When		
DUE TO (c) He was pushed from 3rd Floor Porch		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Went to yard in rear of the apartment building		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1421 Hogan on 8-6-52 about 1:40 P.M.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) yard	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO 6978		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 6 52 1:40	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Pushed from porch		
22. I hereby certify that I attended the deceased from _____, to _____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.				
23a. SIGNATURE V. C. Vayton 3		(Degree or title) Coroner	23b. ADDRESS 1300 Clark	23c. DATE SIGNED AUG 20 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) 1	24b. DATE 19-30-52	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. SEP 3 1952	REGISTRAR'S SIGNATURE J. C. Smith MO	25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service		ADDRESS 4104 Manchester Ave.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

67

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Students of Mortuary College

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

James H. Lammer

Licensed Embalmer No. _____

4142

P. O. Address _____

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.